

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA
APPLICATION FOR ACADEMIC TRANSCRIPT**

1) Name in Full:(Miss/Mr.)

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2) Registration No:.....

3) Address of the Applicant:.....

4) Contact No.

5) National Identity Card No :.....

5) E-mail address:

6) Year & Date of Admission to the University:

7) Particulars of Examination Passed :

Degree Programme	Batch	Date of Completion	Results
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.....			

8) Address to which the transcript should be sent: (If delivery by email is required, please provide the email address and contact number.)

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9) Number of copies needed:

Date:

Signature of Applicant.....

NOTES

1) FEES: **(i) Local Transcripts-Rs. 3000/- Within 5 working days**
(Inclusive of postage) per copy and Rs. 500/- for every additional copy, if sent to the same address.

(ii) Foreign Transcripts -\$50/- Within 5 working days
(Inclusive of postage) per copy and \$10 for every additional copy, if sent to the same address. **If you need to upload documents to the websites of recognized Institutions or require any other special arrangements, please contact the Assistant Registrar.**

2) Each application must be accompanied by a bank deposit slip as proof of payment of the relevant fee to one of the following bank accounts or to the Shroff Counter of the University.

Peoples Bank C/A No - 057100121338023

BOC C/A No - 0001273343

3) Transcripts are sent only to the Universities, Ministries, Embassies or any other recognized Institutes. Transcripts are not issued direct to the applicants as they are of confidential nature.